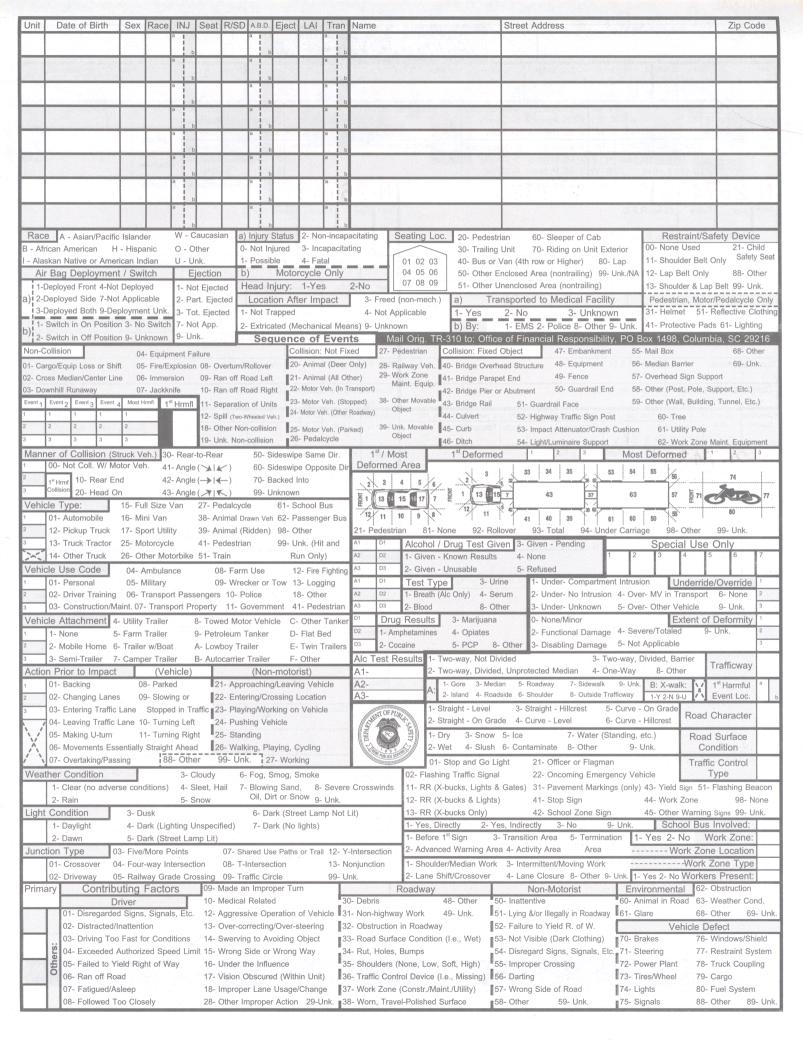
	TH CAROLINA # Of Units ILISION REPORT FORM TR-310 (Rev. 01/2001) # Of Units Of Original Report Corrected Amended - Attach Copy of Original Report Corrected
Date Time County 1- Interstate 4- Secondary Collision Location (Rt. 2- US Primary 5- County 3- SC Primary	# / Name)
# Of N E Nies N E 2- US Primary 5- County S W 3- SC Primary 6- Other R.R. Id. From Ramp Only To 1- Interstate 4- Secondary S Second N E 1 - Entrance N E 2- US Primary 5- County	0-Main 6-Connection 2-Alternate 7-Business 5-Spur 9-Other 1 1 1 1 1 1 1 1 1
S W 2 - Exit S W 3 - SC Primary 6 - Other P N - 267436 Driver/Pedestrian's Full Name Driver/Pedestrian's Full	N-267437 Driver/Pedestrian's Full Name Unit # Sex Race Street/R.F.D. Birth Date City, State, & Zip
State Driver's License # Insurance Company Year Body Vehicle Make VIN #	State Driver's License # Insurance Company
State Year License Plate # Owner's D.L. #	Year Body Vehicle Make VIN # State Year License Plate # Owner's D.L. #
Home Telephone Owner's Full Name () Bus. Telephone Street/R.F.D.	Home Telephone Owner's Full Name () Bus. Telephone Street/R.F.D.
Contributed To Collision City, State, & Zip Yes No	Contributed To Collision Yes No City, State, & Zip
Estimated Speed C.D.L. Req: Yes No T/B S Req: Yes No Alc/Drg info (see back): Yes No Summons # Code Summons # Code Towed By	Estimated Speed C.D.L. Req: Yes No T/B S Req: Yes No Alc/Drg info (see back): Yes No Summons # Code Summons # Code Towed By
N- 267438 Driver/Pedestrian's Full Name Unit # Sex Race Street/R.F.D.	State Year License Plate # Owner's D.L. # Home Telephone Owner's Full Name
Birth Date City, State, & Zip State Driver's License # Insurance Company	Bus. Telephone Street/R.F.D. () Contributed To Collision City, State, & Zip
Year Body Vehicle Make VIN # Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W	Yes No Estimated Speed C.D.L. Req: Yes No T/B S Req: Yes No Alc/Drg info (see back): Yes No Speed Limit Summons # Code Summons # Code Towed By
Vorin	Unit 1 Dam. Unit 2 Dam. Unit 3 Dam. Prop. Dam. 1 Prop. Dam. \$ \$ \$ \$ \$ Property Owner/Witness Address Address
	State Zip Phone State Zip Phone Photo: Describe What Happened (Refer to Units by Number) Y N
NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY A BELLIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE Investigating Officer's Name Rank Badge # Code Date	ND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AN E FACTUAL ACCURACY THEREOF. Reviewer's Name Rank Internal Agency Code



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SC Depa	partment of Public Safety FR-10									PARTMENT OF PUBLIC SAFETY 10 (REV. 01/01)								
Date			1- Intersta 2- US Prin	nary 5- Co		,	Collision Locat	NOTICE tion (Rt. #	STATE OF THE PARTY	0-Ma	ain line 6	6-Connection I 7-Business		Dir. N E	In /	Near City	or Town of:	
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N-267436 Driver/Pedestrian's Full Name										N- 267437 Driver/Pedestrian's Full Name								
Unit# Sex Race Street/R.F.D.									Unit # Sex Race Street/R.F.D.									
Birth Date City, State, & Zip										irth Date		City, State, 8	k Zip				*	
		License			Ins	urance Con	npany		State	Driver's	License	#			nsurance	Compan	У	
Year	Body Vehicle Make VIN #								Year	Body	Vehicle	e Make	VIN #				S	
	Year		Plate #	Owner's	s D.L	#			State	Year	Licens	e Plate #	Ov	vner's E).L. #			
Home Te	elephone	9	Owner's Full	Name					Home (Telephone)	Owner's F	-ull Nam	е				
Bus. Tele	ephone		Street/R.F.D.						Bus. To	elephone)		Street/R.F	.D.					
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			reet/R.F.D.						Home Telephone Owner's Full Name									
	Birth Date City, State, & Zip								Bus. Telephone Street/R.F.D.									
State	Driver's	License	#		Ins	urance Con	npany		Contributed To Collision City, State, & Zip Yes No									
Year Body Vehicle Make VIN #										Accident Insurance Information for Unit # Company Name Area Code/Phone Number								
All Units Insurance Information (to be completed by Investigating Officer)									Agency Name Policy Number									
Accident Insurance Information for Unit # Company Name Area Code/Phone Number								r	Accident Insurance Information for Unit # Company Name Area Code/Phone Number									
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	If an	y of the	e below a	re appl	ical	ole, disre	egard the	above	portio	n.	F	orm FR-	10 No	t Issu	ıed:	Section	on 56-10-270 56-10-520	
Check here if a Form SR-23, Fleet Policy of 25 or more vehicles is on file with the Depthe vehicle.									epartment covering No FR-10 Issued to Operator/ Owner of Unit #:									
Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI Summons Number:																		
Check here if liability insurance was not in effect to comply with South Carolina statutory Signature							D	the operating or allowing the operation of an uninsured vehicle										
	requiren	nents.		Rank		lge #	Code	Date	R	eviewer's N		uninsured \	/ehicle			Agency Co	de	
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ORIGINAL South Carolina mended-Attach Copy of Origina D.P.S. USE ONLY Report **Uniform Traffic Collision Report** (For Investigating Officers) Supplemental Bus & Truck Collision Report Pages Page _____ of_ Auxillary Date Time County **Route Category Collision Location** (Route Number and Name if Any) 6-Connection 0-Mainline 4-Secondary 1-Interstate 7-Business 2-Alternate 2-US Primary 5-County 5-Spur 3-SC Primary ON Access Control **SCREENING INFORMATION** 1- No Access Control NUMBER OF QUALIFYING VEHICLES INVOLVED 2- Full Access Control 3- Partial Access Control A Truck Having a GVWR of 10,001 lbs. or More For the Power Unit Vehicle Information **Gross Vehicle Weight Rating** OR Weight Rating of the Power Unit of the Truck A Vehicle with a Hazardous Materials Placard 01- Less Than or Equal to 10,000 Pounds 02- 10,001-26,000 Pounds 03- More Than 26,000 Pounds OR 99- Unknown/Hit and Run Vehicle Configuration A Bus That is Designed or Used to Carry 16 or More Persons, Including the Driver 00- Passenger Car (only w/ HAZMAT placard) 08- Tractor w/ Semi-Trailer 01- Light Truck (only w/ HAZMAT placard)
02- Bus (seats for 9-15 people) 09- Tractor w/ Double Trailers 10- Tractor w/ Triple Trailers OR 03- Bus (seats for 16 + people) 98- Other/Unable to Classify 99- Unknown/Hit and Run 04- Single Unit Truck (2 axles/6+ Tires) 05- Single Unit Truck (3 or more axles) A Motor Vehicle Engaged in Interstate Commerce that is Designed or Used 06- Truck w/ Trailer to Carry 9-15 Persons, Including the Driver, for Compensation 07- Truck-Tractor Only (Bobtail) Cargo Body Type **Number of Persons Involved:** 09- Grain, Chips, Gravel 00- Bus (seats for 9-15 people) 01- Bus (seats for 16+ people) 10- Pole Sustaining Fatal Injuries 11- Intermodal Container 02- Enclosed Box 03- Cargo Tank 97- Not Applicable 04- Flat Bed 98- Other 99- Unknown/Hit and Run 05- Dump 06- Concrete Mixer Transported for Immediate Medical Services 07- Auto Transport 08- Garbage/Refuse Trailer Length and Width **Number of Vehicles Towed** Length Towed From the Scene Due to Damage 00- No Trailer 01- Less than 480 in. (40 ft) Trailer 1 Lengtl Trailer 2 Length 02-481 in. - 576 in. (48 ft.) 03- 577 in. or more Do Not Complete This Form Unless: 99- Unknown/Hit and Run One or More Qualifying Vehicles was Involved - AND Width 00- No Trailer One or More Qualifying Injuries was Sustained - OR 01- Less than 60 in. (5 ft.) Trailer 2 Width 02- 61 in. - 84 in. (7 ft.) One or More Vehicles (not necessarily the truck or bus) Was Towed from the Scene 03- 85 in. or more 99- Unknown/Hit and Run Total Number of Supplemental Forms Required for this Collision: **Hazardous Material Involvment** Unit Number FR-10 Number Was This Vehicle Carrying Hazardous Materials? 3- Unknown/Hit and Run **Carrier Information** 1- Yes 2- No Name: Did the Vehicle Have a Hazardous Material Placard? Address: 3- Unknown/Hit and Run If "Yes", What Class of Hazardous Material (from placard/shipping papers)? City:___ Zip: State: 01- Class 1 (Explosives) 06- Class 6 (Poison/Infectious Substance) 07- Class 7 (Radioactive) 02- Class 2 (Gases) 03- Class 3 (Flammable Liquids) 08- Class 8 (Corrosives) **Business Phone Number:** 04- Class 4 (Flammable Solids) 09- Class 9 (Misc. Goods) **Identification Numbers** 05- Class 5 (Oxidizing Substance) 10- No Placard 99- Other/Unknown/Hit and Run U.S. DOT None = 0If "YES", enter 4 digit HAZMAT ID(from placard/shipping papers) ICC MC State: Was Hazardous Material Released From This Vehicle's Cargo? Is this vehicle an (1) Interstate or a (2) Intrastate carrier? 2- No 3- Unknown/Hit and Run State Number Notification of Release: 1- Yes 2- No 3- Pendina Was a Citation Issued to this Vehicle? Date